Complete Summary

TITLE

Engagement of alcohol and other drug (AOD) treatment: percentage of members who initiated treatment and who had two or more additional services with an AOD diagnosis within 30 days of the initiation visit.

SOURCE(S)

National Committee for Quality Assurance (NCQA). HEDIS® 2009: Healthcare Effectiveness Data & Information Set. Vol. 1, Narrative. Washington (DC): National Committee for Quality Assurance (NCQA); 2008 Jul. 90 p.

National Committee for Quality Assurance (NCQA). HEDIS® 2009: Healthcare Effectiveness Data & Information Set. Vol. 2, Technical Specifications. Washington (DC): National Committee for Quality Assurance (NCQA); 2008 Jul. various p.

Measure Domain

PRIMARY MEASURE DOMAIN

Access

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the Measure Validity page.

SECONDARY MEASURE DOMAIN

Does not apply to this measure

Brief Abstract

DESCRIPTION

This measure is used to assess the percentage of adolescent and adult members with a new episode of alcohol or other drug (AOD) dependence who initiated treatment and who had two or more inpatient admissions, outpatient visits, intensive outpatient encounters, or partial hospitalizations with any AOD diagnosis within 30 days after the date of initiation encounter.

See the related National Quality Measures Clearinghouse (NQMC) summary of the National Committee for Quality Assurance (NCQA) measure Initiation of alcohol and other drug (AOD) treatment: percentage of adolescent and adult members

who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter, or partial hospitalization within 14 days of diagnosis.

RATIONALE

There are more deaths, illnesses and disabilities from substance abuse than from any other preventable health condition. Treatment of medical problems caused by substance abuse places a huge burden on the health care system.

Treatment engagement is an intermediate step between initially accessing care (the first visit) and completing a full course of treatment. Numerous studies indicate that individuals who remain in treatment for a longer duration of time have improved outcomes, but the 1990 Drug Service Research Survey suggested that many clients (52 percent) with AOD disorders leave treatment prematurely. This measure is seen as an important intermediate indicator, closely related to outcome. In fact, studies have tied the frequency and intensity of engagement as important in treatment outcomes and reducing drug-related illnesses.

PRIMARY CLINICAL COMPONENT

Alcohol and other drug (AOD) dependence; continuation of treatment

DENOMINATOR DESCRIPTION

Adolescent and adult members 13 years and older as of December 31 of the measurement year with a new episode of alcohol or other drug (AOD) dependence during the Intake Period with an inpatient, intensive outpatient, partial hospitalization, outpatient, detoxification or emergency department (ED) encounter with any diagnosis of AOD (see the "Description of Case Finding" and the "Denominator Inclusions/Exclusions" fields in the Complete Summary)

NUMERATOR DESCRIPTION

Initiation of alcohol and other drug (AOD) treatment and two or more inpatient admissions, outpatient visits, intensive outpatient encounters, or partial hospitalizations with any AOD diagnosis within 30 days after the date of the Initiation encounter (inclusive) (see the related "Numerator Inclusions/Exclusions" field in the Complete Summary)

Evidence Supporting the Measure

EVIDENCE SUPPORTING THE CRITERION OF QUALITY

- A formal consensus procedure involving experts in relevant clinical, methodological, and organizational sciences
- One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Overall poor quality for the performance measured
Use of this measure to improve performance
Variation in quality for the performance measured

EVIDENCE SUPPORTING NEED FOR THE MEASURE

National Committee for Quality Assurance (NCQA). The state of health care quality 2008: industry trends and analysis. Washington (DC): National Committee for Quality Assurance (NCQA); 2008. 131 p.

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Accreditation
Decision-making by businesses about health-plan purchasing
Decision-making by consumers about health plan/provider choice
External oversight/Medicaid
External oversight/Medicare
External oversight/State government program
Internal quality improvement

Application of Measure in its Current Use

CARE SETTING

Ambulatory Care
Behavioral Health Care
Emergency Medical Services
Managed Care Plans

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Physicians
Psychologists/Non-physician Behavioral Health Clinicians

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Single Health Care Delivery Organizations

TARGET POPULATION AGE

Age greater than or equal to 13 years

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

- Nearly 1 in 10 Americans age 12 and over abuse, or are dependent on alcohol or illicit drugs.
- Alcoholism is one of the most common psychiatric disorders, with a prevalence of 8 to 14 percent in the general population.
- Serious drinking often starts in adolescence. About 40 percent of alcoholics develop their first symptoms between 15 and 19 years of age.

EVIDENCE FOR INCIDENCE/PREVALENCE

Cline TL. A systems of care approach to substance abuse and mental health services: testimony. [internet]. Washington (DC): U.S. Department of Health & Human Services, Substance Abuse and Mental Health Services Administration; 2007 May 8[accessed 2009 Mar 30].

Enoch MA, Goldman D. Problem drinking and alcoholism: diagnosis and treatment. Am Fam Physician2002 Feb 1;65(3):441-8. PubMed

Substance Abuse and Mental Health Services Administration (SAMHSA). Results from the 2005 National Survey on Drug Use and Health: national findings. Rockville (MD): Substance Abuse and Mental Health Services Administration, Office of Applied Studies; 2006. 284 p.(NSDUH series; no. H-30).

ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

BURDEN OF ILLNESS

Alcohol abuse accounts for and is one of the most common preventable causes of death in United States. One in 25 deaths can be attributed to alcohol use.

EVIDENCE FOR BURDEN OF ILLNESS

Mokdad AH, Marks JS, Stroup DF, Gerberding JL. Actual causes of death in the United States, 2000. JAMA2004 Mar 10;291(10):1238-45. [97 references] PubMed

UTILIZATION

In 2005, more than 23 million people over 12 years old needed treatment for alcohol or drug use. Only 2.4 million people received needed treatment.

EVIDENCE FOR UTILIZATION

Mokdad AH, Marks JS, Stroup DF, Gerberding JL. Actual causes of death in the United States, 2000. JAMA2004 Mar 10;291(10):1238-45. [97 references] PubMed

COSTS

The annual cost of illicit drug use of $182 billion. Alcohol, tobacco and illicit drug use costs exceed $500 billion annually, including health care, criminal justice and productivity loss.

EVIDENCE FOR COSTS

Office of National Drug Control Policy. The economic costs of drug abuse in the United States: 1992-2002.

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Getting Better
Living with Illness

IOM DOMAIN

Effectiveness

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

Adolescent and adult members 13 years and older as of December 31 of the measurement year continuously enrolled 60 days prior through 44 days after the Index Episode Start Date* without any gaps in enrollment during the continuous enrollment period with a new episode of alcohol or other drug (AOD) dependence during the Intake Period**

Index Episode Start Date*: The earliest date of service for any inpatient, intensive outpatient, partial hospitalization, outpatient, detoxification or emergency department encounter during the Intake Period with any diagnosis of AOD.

***Intake Period*: January 1 to November 15 of the measurement year. The Intake Period is used to capture new episodes of AOD.

DENOMINATOR SAMPLING FRAME

Patients associated with provider

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

Adolescent and adult members 13 years and older as of December 31 of the measurement year with a new episode of alcohol or other drug (AOD) dependence during the Intake Period with an inpatient, intensive outpatient, partial hospitalization, outpatient, detoxification or emergency department (ED) encounter with any diagnosis of AODD

Note: Refer to the original measure documentation for steps to identify the eligible population.

Exclusions

- Exclude members who had a claim/encounter with any diagnosis of AOD (refer to Table IET-A in the original measure documentation) during the 60 days prior to the Index Episode Start Date.
- Exclude from the denominator members whose initiation encounter is an inpatient stay with a discharge date after December 1 of the measurement year.

RELATIONSHIP OF DENOMINATOR TO NUMERATOR

All cases in the denominator are equally eligible to appear in the numerator

DENOMINATOR (INDEX) EVENT

Clinical Condition
Encounter
Therapeutic Intervention

DENOMINATOR TIME WINDOW

Time window precedes index event

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions

Initiation of alcohol and other drug (AOD) treatment and two or more inpatient admissions, outpatient visits, intensive outpatient encounters, or partial hospitalizations (refer to Table IET-B in the original measure documentation) with any AOD diagnosis (refer to Table IET-A in the original measure documentation) within 30 days after the date of the Initiation encounter (inclusive)

For members who initiated treatment via an inpatient stay, use the discharge date as the start of the 30 day engagement time period.

- If the Engagement encounter is an inpatient admission, the admit date (not the discharge date) must be within 30 days of the Initiation encounter (inclusive).

Exclusions
Do not count Engagement encounters that include detoxification codes (including inpatient detoxification).

MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

NUMERATOR TIME WINDOW

Fixed time period

DATA SOURCE

Administrative data

LEVEL OF DETERMINATION OF QUALITY

Individual Case

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Analysis by subgroup (stratification on patient factors, geographic factors, etc.)

DESCRIPTION OF ALLOWANCE FOR PATIENT FACTORS

This measure requires that separate rates be reported for Medicaid, Medicare, and commercial plans. Report two age stratifications and a total rate:

- 13 to 17 year-olds
- 18+ year-olds
- Total

STANDARD OF COMPARISON

External comparison at a point in time
External comparison of time trends
Internal time comparison

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

Unspecified

Identifying Information

ORIGINAL TITLE

Initiation and engagement of alcohol and other drug dependence treatment (IET).

MEASURE COLLECTION

HEDIS® 2009: Healthcare Effectiveness Data and Information Set

MEASURE SET NAME

Access/Availability of Care

DEVELOPER

National Committee for Quality Assurance

FUNDING SOURCE(S)

Unspecified

COMPOSITION OF THE GROUP THAT DEVELOPED THE MEASURE

National Committee for Quality Assurance's (NCQA's) Measurement Advisory Panels (MAPs) are composed of clinical and research experts with an understanding of quality performance measurement in the particular clinical content areas.

FINANCIAL DISCLOSURES/OTHER POTENTIAL CONFLICTS OF INTEREST

In order to fulfill National Committee for Quality Assurance's (NCQA's) mission and vision of improving health care quality through measurement, transparency and accountability, all participants in NCQA's expert panels are required to disclose potential conflicts of interest prior to their participation. The goal of this Conflict Policy is to ensure that decisions which impact development of NCQA's products and services are made as objectively as possible, without improper bias or influence.

ENDORSER

National Quality Forum

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2004 Jan

REVISION DATE

2008 Jul

MEASURE STATUS

This is the current release of the measure.

This measure updates a previous version: National Committee for Quality Assurance (NCQA). HEDIS 2008. Healthcare effectiveness data & information set. Vol. 2, Technical specifications. Washington (DC): National Committee for Quality Assurance (NCQA); 2007 Jul. various p.

SOURCE(S)

National Committee for Quality Assurance (NCQA). HEDIS® 2009: Healthcare Effectiveness Data & Information Set. Vol. 1, Narrative. Washington (DC): National Committee for Quality Assurance (NCQA); 2008 Jul. 90 p.

National Committee for Quality Assurance (NCQA). HEDIS® 2009: Healthcare Effectiveness Data & Information Set. Vol. 2, Technical Specifications. Washington (DC): National Committee for Quality Assurance (NCQA); 2008 Jul. various p.

MEASURE AVAILABILITY

The individual measure, "Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET)," is published in "HEDIS® 2009. Healthcare Effectiveness Data & Information Set. Vol. 2, Technical Specifications."

For more information, contact the National Committee for Quality Assurance (NCQA) at 1100 13th Street, NW, Suite 1000, Washington, DC 20005; Telephone: 202-955-3500; Fax: 202-955-3599; Web site: www.ncqa.org.

COMPANION DOCUMENTS

The following is available:

- National Committee for Quality Assurance (NCQA). The state of health care quality 2008: industry trends and analysis. Washington (DC): National Committee for Quality Assurance (NCQA); 2008. 131 p.

For more information, contact the National Committee for Quality Assurance (NCQA) at 1100 13th Street, NW, Suite 1000, Washington, DC 20005; Telephone: 202-955-3500; Fax: 202-955-3599; Web site: www.ncqa.org.

NQMC STATUS

This NQMC summary was completed by ECRI on September 29, 2005. The information was verified by the measure developer on December 2, 2005. This NQMC summary was updated by ECRI Institute on May 15, 2008. The information was verified by the measure developer on June 17, 2008. This NQMC summary was updated again by ECRI Institute on March 27, 2009. The information was verified by the measure developer on May 29, 2009.

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